

Date Received \_\_\_\_\_

# APPLICATION FOR EMPLOYMENT

## KINCHAFOONEE REGIONAL LIBRARY SYSTEM

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We are an equal opportunity employer. Resumes are accepted in addition to this application.  
Please read each question carefully, and complete all sections of the application.

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### SECTION 1

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Are you 18 or older? YES  | NO

Are you legally permitted to work in the US? YES  | NO

Does KRL employ any of your relatives? YES  | NO

If yes, please provide names and relationships:

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Are any members of the Calhoun, Clay, Quitman, Randolph, Terrell, or Webster County Library

Boards related to you? YES  | NO

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If yes, please provide names and relationships:

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Position(s) for which you are applying:

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Desired Compensation: \_\_\_\_\_

## SECTION 2

Have you ever applied for employment with us in the past? YES  | NO

If yes, when? \_\_\_\_\_

Have you ever been convicted of, or pled guilty or no contest to, any crime other than a minor traffic violation? YES  | NO

If yes, please give details. A 'yes' answer will not necessarily disqualify a candidate from employment.

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Have you ever been discharged or asked to resign from any job? YES  | NO

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If yes, please give details. A "yes" answer will not necessarily disqualify you from employment.

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Do you presently have a valid Georgia drivers' license? YES  | NO

Do you presently possess a drivers' license from another state? YES  | NO

If yes, please indicate the licensing state: \_\_\_\_\_

Are your driving privileges currently limited by your licensing state(s)? YES  | NO

If yes, please provide details.

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Have your driving privileges ever been restricted or limited in any way by the licensing state?

YES  | NO

If yes, please give details.

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Have you used an illegal drug in the past 30 days? YES  | NO

### SECTION 3

Please fill out the table below with the name and location of any schools and/or colleges you have attended, the level of education completed at each school/college, any degrees received, and dates of attendance.

EDUCATION				
	Name & Location	Level Completed	Degree	Dates of Attendance
<b>High School</b>				
<b>Business/ Technical College</b>				
<b>College</b>				
<b>Graduate School</b>				

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Please list professional licenses, certifications, and professional memberships below.

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Please list any special training below.

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**SECTION 4**

On the following pages, please set forth your employment history for the past ten years, beginning with your most recent employer. You may use separate sheets of paper if necessary.

This space intentionally left blank.

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<b>EMPLOYMENT HISTORY</b>	
<b>Employer</b>	
<b>Employer Address</b>	
<b>Employer Phone Number</b>	
<b>Job Title(s)</b>	
<b>Explanation of Duties</b>	
<b>Beginning and Ending Dates of Employment</b>	
<b>Supervisor's Name and Title</b>	
<b>Reason(s) for Leaving</b>	

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<b>EMPLOYMENT HISTORY</b>	
<b>Employer</b>	
<b>Employer Address</b>	
<b>Employer Phone Number</b>	
<b>Job Title(s)</b>	
<b>Explanation of Duties</b>	
<b>Beginning and Ending Dates of Employment</b>	
<b>Supervisor's Name and Title</b>	
<b>Reason(s) for Leaving</b>	

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<b>EMPLOYMENT HISTORY</b>	
<b>Employer</b>	
<b>Employer Address</b>	
<b>Employer Phone Number</b>	
<b>Job Title(s)</b>	
<b>Explanation of Duties</b>	
<b>Beginning and Ending Dates of Employment</b>	
<b>Supervisor's Name and Title</b>	
<b>Reason(s) for Leaving</b>	





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**SECTION 6**Please list three (3) personal references other than relatives and former employers.

NAME	ADDRESS	PHONE	OCCUPATION

**SECTION 7**

## Applicant's Certification and Agreement

My signature below certifies that the foregoing statements are true and complete to the best of my knowledge and belief. I hereby authorize the verification of all information set forth in this application for employment. I also authorize the review of my credit history, review of my criminal record (if any), and any other inquiries which may be necessary in arriving at an employment decision. I understand that any false, incomplete, or misleading information will be grounds for rejection of this application or, if subsequently discovered, grounds for termination. I understand that any employment will be "at will," which means that I may terminate the employment relationship at any time, with or without notice or cause, and that the employer retains the same rights. I understand that by typing my name below, I am signing this form.

\_\_\_\_\_  
Applicant's Signature\_\_\_\_\_  
Date